

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000004960**

1. Corporation Name

COMMERCE ONE, INC.

Principal Place of Business

Mailing Address

4440 ROSEWOOD DRIVE
PLEASANTON CA 94588

4440 ROSEWOOD DRIVE
PLEASANTON CA 94588

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



500023613715

11/13/03 - 01/15/04 025 **600.00

4. Date Incorporated or Qualified To Do Business in Florida

09/01/2000

5. FEI Number

68-0322810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SVP	BIESTMAN, MARK	4440 ROSEWOOD DRIVE	PLEASANTON CA 94588
CEO	HOFFMAN, MARK	4440 ROSEWOOD DRIVE	PLEASANTON CA 94588
CAO	JACOBS, DIANA	4440 ROSEWOOD DRIVE	PLEASANTON CA 94588
D	BALEN, JOHN	CANAAN PARTNERS 2884 SAND HILL R	MENLO PARK CA 94025
D	ELMORE, BILL	FOUNDATION CAPITAL 70 WILLOW ROA	MENLO PARK CA 94025
DCC	KIMMITT, ROBERT	COMMERCE ONE, INC. 4440 ROSEWOOD	PLEASANTON CA 94588

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Charles Boynton
REGISTERED AGENT MUST SIGN

Date 10-27-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charles Boynton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03 408-850-9562

Date

Daytime Phone #

CR2E040 (7/03)